



**VIRGINIA DEPARTMENT OF TAXATION**  
**ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT**

**ALL TAXPAYERS AND PAYROLL SERVICE PROVIDERS, COMPLETE SECTION A.**

<b>A. P A Y E R  I N F O</b>	<b>Legal Name of Business or Organization:</b>		
	<b>Primary EFT Contact:</b>		
	<b>Phone (     )</b>		
	<b>Entity Type – Circle One:</b>		
	<b>Business Taxpayer                      Payroll Service Provider</b>		
	<b>Email Address:</b> _____		
<b>Mailing Address for EFT Information:</b>			
Street			
City _____ State _____ Zip _____			

Note to Payroll Service Providers / Bulk Filers – you do not need to provide the Department with a list of your clients. Simply complete section A and mail or fax to the Department. We will then provide you with the state's bank information. Also, if you provide an email address, the Department will add you to a tax professional mailing group and provide you with timely updates regarding EFT processing requirements and any form or legislative changes that may impact your clients.

**IF CHOOSING THE DEBIT PAYMENT METHOD, COMPLETE THIS SECTION**

<b>B.  D E B I T  E F T  --- B A N K  I N F O</b>	<b>Tax Type</b>	<b>Account Number (s)</b>	<b>Bank Account Number(s)</b>	<b>✓ to indicate Account Type</b>	<b>Bank Routing &amp; Transit Number(s)</b>
				<b>Checking    Savings</b>	
	<b>Withholding</b>	(VA Tax Account Number)	<u>1</u>	<input type="checkbox"/> <input type="checkbox"/>	
			<u>2</u>	<input type="checkbox"/> <input type="checkbox"/>	
			(Federal ID Number - FEIN)		
	<b>Corporation</b>	(VA Tax Account Number)	<u>1</u>	<input type="checkbox"/> <input type="checkbox"/>	
			<u>2</u>	<input type="checkbox"/> <input type="checkbox"/>	
			(Federal ID Number - FEIN)		
	<b>Sales &amp; Use</b>	(VA Tax Account Number)	<u>1</u>	<input type="checkbox"/> <input type="checkbox"/>	
			<u>2</u>	<input type="checkbox"/> <input type="checkbox"/>	
			(Federal ID Number - FEIN)		

# VIRGINIA DEPARTMENT OF TAXATION

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(Page 2)

### IF CHOOSING THE ACH CREDIT PAYMENT METHOD, COMPLETE THIS SECTION

<b>C C R E D I T  E F T</b>	<b>C.</b>	<i>Check all tax types to be paid by EFT and enter Virginia Tax Account Number(s) and FEIN(s)</i>	
	Corporation Income Tax	_____	FEIN _____
		Va Tax Account Number	Federal Employer ID Number
	Employer Withholding Tax	_____	FEIN _____
		Va Tax Account Number	Federal Employer ID Number
	Sales & Use Tax	_____	FEIN _____
		Va Tax Account Number	Federal Employer ID Number

### ALL TAXPAYERS COMPLETE THIS SECTION

<b>D.  S I G N A T U R E  --- S S N</b>	<i>By signing this form, I agree that I am responsible for accounting for and paying over the required taxes and that I will notify the Department of Taxation in the event that I am no longer responsible for accounting for and paying over the required taxes. My signature certifies that I understand the Electronic Funds transfer process; that I agree to file the tax payments designated above using EFT as outlined in the <u>Virginia EFT Guide</u> and that I will continue to make my tax payments to the Commonwealth of Virginia as described in Title 58.1 of the Code of VA.</i>	
	Print Name of Business Owner/Partner/Officer:	
	Owner/Partner/Officer Social Security Number:	
	Signature of Business Owner/Partner/Officer:	Date:

FAX this form (and a voided check if you are an ACH Debit filer) to (804) 367-2603 **OR** make a copy of the form for your records and mail the original document(s) to:

Virginia Department of Taxation  
Registration Unit/EFT  
P.O. Box 1114  
Richmond, VA 23218-1114

Questions? Phone (804) 367-8037

## ELECTRONIC FUNDS TRANSFER (EFT) AGREEMENT FORM INSTRUCTIONS

### ***SECTION A - ALL TAXPAYERS and Payroll Service Providers***

Enter the legal name of your business.

Enter the EFT contact name and the contact's telephone number.

Indicate entity type and provide an email address, if available, for the EFT contact.

Enter the address for the EFT contact. Payroll Service Providers – complete Section A only.

### ***SECTION B – ACH DEBIT FILERS***

Enter your complete VA Tax Account Number(s), Federal Identification Number(s) (FEIN's) and Bank Account Number(s), along with the bank Routing and Transit number(s). If your bank account is a savings account, enter a **U** in the column, where indicated.

Staple a voided **check** (**NOT A DEPOSIT SLIP**) from your bank account to the top of the form.

### ***SECTION C – ACH CREDIT FILERS***

**Before submitting this form**, check with your bank to ensure that the capability exists for initiating ACH Credits. Tell your bank representative that the bank must submit your credit payment in the CCD+TXP format<sup>8</sup>. This format is the only acceptable format that the Tax Department' bank can use.

Check the tax type to be paid by EFT; Corporation Income, Employer Withholding, and/or Sales and Use Tax. Enter the Virginia Tax account and Federal Employer Identification Number ("FEIN").

### ***SECTION D - ALL TAXPAYERS***

Print or type the name of an Owner, Partner, Officer or other person responsible for the business. Write the applicable social security number, where indicated. The responsible person must read and understand the statement, **sign**, and date the form. The Agreement Form cannot be signed by an agent of the business (i.e. hired bookkeeper). The form **must** be signed by an owner, partner, officer, or other person responsible for the business.

FAX the form and a voided check(s), if applicable, to the number shown on the form **OR** make a copy of the documents for your records and mail the original document(s) to the address shown on the form.

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<sup>8</sup> CCD+TXP is the file format standard set by the National Automated Clearinghouse Association (NACHA).